



Massachusetts Department of Environmental Protection - Drinking Water Program

SWTR- LT2 INTENT TO PROVIDE FULL TREATMENT

Form for Schedule 4 Systems Only

SWTR-LT2 C

I. PWS INFORMATION		
PWS Name:	City/Town:	PWS ID:
PWS Address:		Schedule: 4
Water Treatment Plant Name:		Date Submitted: ___/___/___
Source(s): Name / Location Code ID: _____/_____ _____/_____ _____/_____		

II. TREATMENT INTENT INFORMATION	
Filtered PWS only	
1. Are you currently providing a total of at least 5.5-log of treatment for <i>Cryptosporidium</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you checked "No" above, then by signing this form your system intends to provide a total of at least 5.5 log treatment for <i>Cryptosporidium</i> by the compliance deadline of September 30, 2014. Otherwise, this form is not applicable to your system and you must complete either form SWTR-A or B.	
2. What treatment processes do you currently use or intend to use? _____ _____	
3. Have you discussed your system's current treatment requirements and or intended plans to install additional treatment with the MassDEP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and with whom? _____	
Unfiltered PWS only	
1. Are you currently providing a total of at least 3-log treatment for <i>Cryptosporidium</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you checked "No" above, then by signing this form your system intends to provide a total of at least 3-log treatment for <i>Cryptosporidium</i> by the compliance deadline of September 30, 2014. Otherwise, this form is not applicable to your system and you must complete either form SWTR-A or B.	
2. What treatment processes do you currently use or intend to use? _____ _____	
3. Have you discussed your system's current treatment requirements and or intended plans to install additional treatment with the MassDEP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and with whom? _____	

III. CERTIFICATION	
I certify under penalty of law that I am the person authorized to fill out this form, and the information contained herein is true, accurate and complete to the best of my knowledge and belief.	
Print Name: _____	Title: _____
Signature: _____	Date: _____
Phone #: () _____ - _____	Email: _____

IV. FOR MassDEP/DWP USE ONLY:	
Received by MassDEP on:	
Date: ___/___/___	
Check one (✓)	Entered in WQTS: <input type="checkbox"/> Yes <input type="checkbox"/> No
Accepted: <input type="checkbox"/>	Other Database: _____
Disapproved: <input type="checkbox"/>	Date: ___/___/___
Comments:	